



500 W. Winchester Road, Suite 102 Libertyville, IL 60048-1331 phone:847.377.8040

<http://www.lakecountyil.gov/health/Pages/Default.aspx>

ANNUAL APPLICATION FOR COTTAGE FOOD OPERATION REGISTRATION

Name of Business: _____

Owner Name(s): _____

Address where food is being prepared: _____

Phone: _____ E-mail: _____

Mailing address, if different from above: _____

Illinois Department of Public Health (IDPH) Food Service Sanitation Manager Certification (Please provide a copy of the current certificate)	
NAME	ID NUMBER (issued by IDPH) and expiration date

FOOD PRODUCTS (please circle the items that will be made and sold)
Dry herb, dry herb blend or dry tea blend:
Jam/ Jelly/ Preserves/ Fruit Pie: apple apricot grape peach plum quince orange nectarine tangerine blackberry raspberry blueberry boysenberry cherry cranberry strawberry red currant or a combination of the above:
Fruit Butter: apple apricot grape peach plum quince prune
Breads/ Cookies/ Cakes/ Pastries:

***Additional requirement for other jams, jellies, preserves, fruit butter or fruit pies not listed on this page:**

The owner's recipe must be tested and documented by a commercial laboratory as not being potentially hazardous (at the owner's expense).

The following product(s) have been tested by a commercial laboratory and deemed "Not Potentially Hazardous" with a pH below 4.6. Attach a copy of laboratory results.

Item: _____

PRODUCT LABELING (must submit a copy of the label)

- The name and address of the cottage food operation
- The common or usual name of the food product
- All ingredients including colors, artificial flavors, preservatives, listed in decreasing order of prominence by weight
- The net weight or net volume of the cottage food product
- The following statement: **"This product was produced in a home kitchen not subject to public health inspection that may also process common food allergens."**
- The date the product was processed
- Allergen labeling as specified in federal labeling requirements

Owner's Statement

I, _____, agree to grant access to Lake County Health Department to conduct an inspection of my cottage food operation's primary domestic residence in the event of a consumer complaint or foodborne illness outbreak.

Signature(s) of Owners:

Date: _____

